

1 Marc Dawson
2 P.O. Box 3030, B3-209
3 High Desert State Prison
4 Susanville, CA 96127-3030
5 CDCR #P-13296

6 In Pro Per

FILED

JUL 21 2008

Richard W. Wieking
Clerk, U.S. District Court
Northern District of California
San Jose

7 UNITED STATES DISTRICT COURT
8 NORTHERN DISTRICT OF CALIFORNIA

9 Marc Dawson,

No. C 08-0741 JF (PR)

10 Plaintiff,

REQUEST FOR ADMISSIONS

11 v.

(SET ONE)

12 S. Latham, et al.,

(Fed.R.Civ.P.36)

13 Defendants,

14
15 PROPOUNDING PARTY: PLAINTIFF MARC DAWSON

16 RESPONDING PARTY: DEFENDANT B. JAIN

17 SET NUMBER: ONE

18
19
20 TO DEFENDANT AND HER COUNSEL OF RECORD:

21 PLEASE TAKE NOTICE that pursuant to Rule 36 of the Federal Rules of Civil
22 Procedure, Plaintiff MARC DAWSON hereby requests that the Defendant, B. JAIN is to
23 make the following admissions within 30 days after service of this request.

24
25 1. B. Jain was employed as a Medical Doctor, by the California Department
26 of Corrections and Rehabilitation on June 15th, 2006.

27 2. B. Jain has been employed by the CDCR since June 15th, 2006.

28 3. B. Jain is a trained Medical Doctor.

1 4. B. Jain was the Medical Doctor on June 15th, 2006, and responsible for the
2 plaintiffs medical care and treatment.

3 5. B. Jain conducted a medical interview on June 15th, 2006 with plaintiff.

4 6. B. Jain recognizes attachment "A" as being a report authored by herself on
5 June 15th, 2006.

6 7. Under the bold heading of "PLAN" on attachment "A", the defendant report-
7 while in the clinic, the plaintiff was noted to have right eye twitching (intention-
8 al).

9 8. B. Jain recognizes attachment "B" as being a report authored by the nurse
10 assigned to the clinic, at PBSP, on June 10th, 2006.

11 9. B. Jain recognizes the author's name of attachment "B" as being the nurse
12 whose name is M. Edwards.

13 10. Looking at attachment "B", B. Jain cannot locate any notations that sup-
14 port her statement in attachment "A" which states that according to this report, from
15 the clinic, that the plaintiff exhibited any type of intentional eye twitching.

16 11. B. Jain cannot produce or identify any other documents that can support,
17 in any manner, that the plaintiff had any type of intentional eye twitching while at
18 the clinic on June 15th, 2006.

19 12. B. Jain made an error in her statement that the plaintiff had intention-
20 al twitching in his right eye.

21 13. On 6-21-06, the plaintiff filed a 602 in regards to B. Jain's errors and
22 on June 22, 2006, B. Jain interviewed the plaintiff about the 602.

23 14. B. Jain recognizes attachment "C" as being a report that she authored on
24 June 22, 2006.

25 15. B. Jain recognizes attachment "D" as being a lab report that shows 2.0 L
26 of artane in the plaintiff's blood at the time that his test was completed.

27 16. B. Jain ordered this lab test done on June 15th, 2006.

28 17. B. Jain is familiar with lab reports such as attachment "C".

1 18. B. Jain cannot identify or produce any type of records that would show
2 or indicate the she ever discussed these results with the plaintiff at any time, or
3 during any medical visit that these results were positive for artane.

4 19. On July 22nd, 2006, during a medical visit, B. Jain informed plaintiff
5 that his blood tests were negative and that he had blood in his urine.

6 20. The amount of time that elapsed between June 22nd, 2006, and July 22nd
7 of 2006 is 30 days.

8 21. B. Jain did not see the plaintiff at any time between June 22nd, 2006,
9 and July 22nd, 2006.

10 22. The tests results from attachment "D", according to the date indicated
11 on the same document was June 22nd, 2006.

12
13 Dated: July 11th, 2008

/s/ Marc Dawson

Marc Dawson, Plaintiff in pro per

14 ///

15 ///

16 ///

ATTACHMENT "A"

AssessmentMedical-Diagnosis

C 379.90 Description: EYE DISORDER NOS
 Axis: GAF: Status: CURRENT Provider: JAIN, MD, BHAWNA
 Diagnosis Dt/Tm: 06-15-2006 1524 Resolve Dt/Tm: 00-00-0000 0000 Priority:
 Notes:

Code: V68.1 Description: ISSUE OF REPEAT PRESCRIPTIONS
 Axis: GAF: Status: CURRENT Provider: MCLEAN, FNP, MAUREEN
 Diagnosis Dt/Tm: 08-15-2005 0859 Resolve Dt/Tm: 00-00-0000 0000 Priority:
 Notes:

Code: 999999 Description: ALT.IN COMFORT R/T R.FOOT BURNING
 Axis: GAF: Status: CURRENT Provider: FELLOWS, RN, BARBARA
 Diagnosis Dt/Tm: 08-15-2005 0849 Resolve Dt/Tm: 00-00-0000 0000 Priority:
 Notes:

Code: 999999 Description: PERONEAL NERVE INJURY
 Axis: GAF: Status: CURRENT Provider: MCLEAN, FNP, MAUREEN
 Diagnosis Dt/Tm: 09-23-2005 1421 Resolve Dt/Tm: 00-00-0000 0000 Priority:
 Notes:

Plan

Provider: JAIN, MD, BHAWNA Plan Dt/Tm: 06-15-2006 1525 Completed By:
 Completed Dt/Tm: Patient Education: N Phone Order Status: NONE
 Entry Date: 06-15-2006 1525 Entered By: MPIMSBJ, JAIN, MD

inmate symptoms doesnot fit any common medical diagnosis . in the clinic he was noted to have RT eye twitching(intentional)
 but he says he has problem with LT. will order optometry evaluation . continue benadryl as prescribed.
 will also order urine and serum tox.
 Rlc in 1 WK

ATTACHMENT " B "

EMERGENCY CARE FLOW SHEET
CALIFORNIA DEPARTMENT OF CORRECTIONS
 BSP 7206

DATE 06-10-2006

IN OUT
1923 2003

NAME LAST DAWSON	FIRST MARC	CDC NUMBER P13296	HOUSING A01U203U	DOB 01-14-1964
TIME OF INCIDENT approx all day	LOCATION OF INCIDENT cell	MODE OF ARRIVAL ambulatory		
STAFF	NAME LAST FIRST	OCCUPATION	SEX	AGE DOB
CHIEF COMPLAINT		TB CODE 22	DATE OF LAST TETANUS unknown	

MECHANISM OF INJURY		SKIN COLOR	SKIN TEMP.	SKIN MOISTURE	CAPILLARY REFILL	GLASCOW GOMA SCALE			
<input type="checkbox"/> STABBING <input type="checkbox"/> PHYSICAL ALTERCATION <input type="checkbox"/> GUNSHOT WOUND <input type="checkbox"/> BURN <input type="checkbox"/> SPORTS INJURY <input type="checkbox"/> ON THE JOB INJURY <input checked="" type="checkbox"/> OTHER feeling jittery with strobing lights in eyes & like someone is pushing his head		<input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> PALE <input type="checkbox"/> ASHEN <input type="checkbox"/> CYANOTIC <input type="checkbox"/> FLUSHED	<input type="checkbox"/> HOT <input type="checkbox"/> WARM <input checked="" type="checkbox"/> COOL <input type="checkbox"/> COLD	<input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> DRY <input type="checkbox"/> MOIST <input type="checkbox"/> PROFUSE	<input checked="" type="checkbox"/> < 2 SECONDS <input type="checkbox"/> > 2 SECONDS <input type="checkbox"/> NONE	TIME	EYE OPENING RESPONSE	BEST VERBAL RESPONSE	BEST MOTOR RESPONSE
						1940	4	5	6
LUNG SOUNDS		RESP. CHARACTER	EVIDENCE OF TRAUMA						
RT	LT	<input type="checkbox"/> LABORED <input checked="" type="checkbox"/> UNLABORED <input type="checkbox"/> PAINFUL <input type="checkbox"/> SHALLOW <input type="checkbox"/> DEEP <input type="checkbox"/> RETRACTION <input type="checkbox"/> NASAL FLARING	<input type="checkbox"/> CHEST <input type="checkbox"/> ABDOMEN <input type="checkbox"/> G/U <input type="checkbox"/> PELVIS <input type="checkbox"/> BACK SPINE	<input type="checkbox"/> HEAD <input type="checkbox"/> NECK <input type="checkbox"/> EXTREMITIES <input type="checkbox"/> OTHER					
<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> WHEEZES <input type="checkbox"/> RALES <input type="checkbox"/> RHOTIC <input type="checkbox"/> SHED <input type="checkbox"/> ABSENT	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> WHEEZES <input type="checkbox"/> RALES <input type="checkbox"/> RHOTIC <input type="checkbox"/> SHED <input type="checkbox"/> ABSENT								
TIME	TEMP	PULSE	RESP	BP	SaO2	CURRENT MEDICATIONS			
06-10-2006 2001	97.6	82	20	123/84	98	NEURONTIN 250MG/5ML SOLN 1000 MG, OMEPRAZOLE 20MG CAPSULE DR 20 MG			
MEDIATION ALLERGIES						TIME			
ASPIRIN, NSAIDS, ASPIRIN, NSAIDS, N D CLEAR, NAPROXEN SODIUM, .						PUPIL RESPONSE R L R L SL B 4 3			
TIME						PUPIL SIZE			
						KEY C=CLOSE B=BRISK SL=SLUGGISH F=FIXED 3 4 5 6 7 8			
SIGNATURES						PATIENT DISPOSITION			
RN/MT/AMD RN/MT/AMD RN/MT/AMD RN/MT/AMD						RTC MODE OF DEPARTURE <i>aml.</i>			
SUPERVISOR REVIEW						TIME 2003			
4 BROWN SRU II									
SOAP NOTATIONS									
SUBJECTIVE (PATIENT'S STATEMENTS HISTORY)									
OBJECTIVE (PHYSICAL EVALUATION)									
DATE/TIME						NOTES			

ASSESSMENT (NURSING DIAGNOSIS)		
DATE/TIME	DESCRIPTION	NOTES
PLAN/PT EDUCATION FOLLOWUP MD ORDERS, ETC.		
DATE/TIME	DESCRIPTION	NOTES
06-10-2006 2000	DIPHENHYDRAMINE 25MG CAPLET	VO Risenhoover FNP

Notes:

06-10-2006 2003

S-" I took the wrong medicine Thursday & this muscle, eye & neck things started Friday in group."
 O- A&O x4, resp even & unlabored, skin cool & dry with good capillary refill, eyes react to light but R pupil is one size larger than L pupil, MAE. Muscles in arms & legs are twitching & jumpy. Head is bent forward & states feels like someone is pushing it down. Can't put his neck straight so head is upright. Denies any pain-just above problems.
 A- all in sensory perception R/T muscle, eye & neck problems.
 P- MOD called & report given. New orders received. Instructed to rest & drink lots of water. To see PCP on Monday 6-12-06
 for all his symptoms. RTC. M Edwards RN

ATTACHMENT - c -

Plan

Provider: JAIN, MD, BHAWNA

Plan Dt/Tm: 06-22-2006 1057

Completed By:

Completed Dt/Tm:

Patient Education: N

Phone Order Status: NONE

Site: 06-22-2006 1057

Entered By: MPIMSB, JAIN, MD

It seems that discrepancy in last exam and symptoms were not intentional and inmate does have problem with RT eye in the past and gets twitching because of that.
 Inmate is scheduled for optometry exam tomorrow. Will FU after that.
 Will also FU on pending labs.
 RTC in 1 wk.

OrderTreatments

Start Dt:	CPT	Treatment	Freq	Anatomical Location	Provider
06-22-2006 1100	99999	PCP FU	NA		JAIN, MD, BHAWNA

ATTACHMENT " D "

Quest Diagnostics Incorporated

A1-203L

PATIENT INFORMATION
DAWSON, P13296

REPORT STATUS Final

QUEST DIAGNOSTICS INCORPORATED

DOB: 01/14/1964 Age: 42
GENDER: MORDERING PHYSICIAN
JAIN, BHAWNA

SPECIMEN INFORMATION

SPECIMEN: EL1031567
ACQUISITION: 41077100080149
AB REF NO: A1-203

CLIENT INFORMATION

4107710
PELICAN BAY STATE PRISON
CLINICAL LABORATORY
5905 LAKE EARL DR
CRESCENT CITY CA 95531COLLECTED: 06/16/2006 00:00
RECEIVED: 06/17/2006 01:05
REPORTED: 06/22/2006 11:34

Test Name	In Range	Out of Range	Reference Range	Lab
HALOPERIDOL (HALDOL)				NI
HALOPERIDOL		<0.5 L	ng/mL	
		Reference Range:		
		5-15		
		TOXIC: 50 OR MORE		
TRIHEXYPHENIDYL (ARTANE)				MX
TRIHEXYPHENIDYL		<2.0 L	5.0 - 40.0 ng/mL	

Sending Laboratory Information:

MX Med Tox 402 W. Country Road St. Paul MN 55112 Laboratory Director: Jennifer A. Collins.
 NI Nichols Institute 33606 Ortega Hwy. San Juan Cap CA 92675 Laboratory Director: R.A. Reitz, MD.
 SC Quest Diagnostics 3714 Northgate Boulevard Sacramento CA 95834 Laboratory Director: Gerald E. Simon, M.D.